

# **Residential Licensing Standards**

*Revised January 2010*

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**LICENSING STANDARDS**  
**For**  
**ALL MODELS**

*CTH I, CTH II, SLP II*

	<b>Safety</b>	<b>Guidance</b>
1.0	<p>All sites must receive a fire safety inspection by the State Fire Marshal's Office:</p> <ul style="list-style-type: none"> <li>a) Prior to being licensed by DHEC, annually, and following major structural changes to the home</li> <li>b) Any deficiencies received during the fire inspection must be reviewed by SCDDSN prior to the home being licensed.</li> </ul>	<p>See fire code requirements at <a href="http://www.llr.state.sc.us/firemarshal.asp">http://www.llr.state.sc.us/firemarshal.asp</a></p> <p>State Fire Marshal Inspection report is maintained by the provider.</p>
1.1	<p>All sites must be licensed by DHEC:</p> <ul style="list-style-type: none"> <li>a) Prior to the initial admission of a person</li> <li>b) Annually</li> <li>c) After structural changes are made to the home.</li> </ul>	<p>The licensed is not transferable from either the address or family specified on the license.</p>
1.2	<p>All sites must pass an electrical inspection conducted by a licensed electrician:</p> <ul style="list-style-type: none"> <li>a) Prior to the home being licensed by DHEC to operate; and</li> <li>b) After major structural changes are made</li> </ul>	<p>"Pass" requires that the home's electrical system is in good working order and does not jeopardize the health and safety of people living there.</p> <p>Documents must be available to verify the date and results of the inspection, as well as the inspector's license number.</p>

1.3	<p>All sites must pass a heating, ventilation and air-conditioning inspection conducted by a licensed inspector:</p> <ul style="list-style-type: none"> <li>a) Prior to the home being licensed by DHEC to operate; and</li> <li>b) After major structural changes are made to the home.</li> </ul>	<p>“Pass” requires that the HVAC is in good working order and: heating equipment must be capable of maintaining a room temperature of not less than 68 degrees Fahrenheit throughout the home. Cooling equipment must be capable of maintaining a room temperature of not more than 75 degrees Fahrenheit through the home.</p> <p>Documents must be made available to verify the date and results of the inspection.</p>
1.4	<p>When not on a public water line, all sites must pass a water quality inspection conducted by the Department of Health &amp; Environmental Control prior to the home being licensed by DHEC to operate; as indicated:</p> <ul style="list-style-type: none"> <li>a) A bacteria, and metal/mineral analysis must be performed prior to being licensed;</li> <li>b) As needed when changes in taste, color or odor are present; and</li> <li>c) A bacteria analysis must be performed annually.</li> </ul>	<p>Providers must request an inspection from their county DHEC Office.</p> <p>The DHEC inspection report is maintained by the Provider.</p>
1.5	<p>Sites serving children must pass a health &amp; sanitation inspection conducted by the Department of Health &amp; Environmental Control</p> <ul style="list-style-type: none"> <li>a) Prior to the home being licensed</li> <li>b) CTH I – as needed thereafter CTH II - annually</li> </ul>	<p>Pass = no citation that will jeopardize the health and safety of residents and care providers</p> <p>Documents must be available to verify the date and results of the inspection.</p> <p>Child = 17 years of age or younger</p>

1.6	Prior to being licensed, all homes built before 1978, must pass a lead-paint risk assessment conducted by the Department of Health & Environmental Control when serving children less than six (6) years of age.	<p>Pass=no citation that will jeopardize the health and safety of consumers and care providers.</p> <p>Documents must be available to verify the date in which the home was built as well as results of the assessment.</p>
	<b>Home Environment</b>	<b>Guidance</b>
2.0	<p>All sites must have a standard first-aid kit that is:</p> <ol style="list-style-type: none"> <li>Readily accessible.</li> <li>Well stocked for the number of people living in the home.</li> </ol>	<ul style="list-style-type: none"> <li>Contents recommended by the American Red Cross for a standard kit: 3/4" x 3" standard adhesive bandages; mini bandages; 2" x 2" sterilized gauze pads; 1" x 5 yards self-adherent wrap; triple antibiotic ointment; providone-iodine antiseptic/germicide swabs; alcohol prep pads;</li> <li>Readily accessible means accessible to all residents/staff of the home</li> </ul>
2.1	CTH Homes must have a flashlight on site for each level of the home.	<p>Flashlight must be readily accessible and operable.</p> <p>Level = floor</p>
2.2	<p>CTH Bedrooms must have:</p> <ol style="list-style-type: none"> <li>At least 100 square feet for a single occupancy, or 160 square feet for a double occupancy;</li> <li>A comfortable bed, pillow, and linen appropriate to the climate;</li> <li>Operable lighting;</li> <li>Operable window; and</li> <li>Sufficient lockable and non-lockable storage space.</li> </ol>	<p>The person's bedroom must not be a detached building, unfinished attic or basement, hall, or room commonly used for other than bedroom purposes.</p> <p>Maximum of two (2) people per bedroom, with at least 3 feet between beds</p>

2.3	CTH I Homes must have one lavatory, toilet and shower/bathtub for every six household members.	
2.4	Support Provider to resident ratio in the CTH I must be no more than 2 beds to each provider	Bed capacity in the CTH I may be increased to a maximum of three beds if: the support provider has satisfactorily provided services and supports for two consumers for at least six months. An exception to standard must be approved prior to the increase in bed capacity.
2.5	Hot water temperature in CTH sites:  a) Must be no less than 100 degrees Fahrenheit. b) Must never be more than 120 degrees Fahrenheit.	Water regulating skills of all persons living in the home who receive services must be assessed and appropriate training implemented.  Providers should routinely check the water temperature and keep documentation of checks and necessary actions on site.
2.6	CTH cites must be:  a) Free from obvious hazards b) Clean c) Free of litter/rubbish d) Free of offensive odors e) Equipment in good working order	Litter/rubbish contained in covered cans or tied in garbage bags.  No evidence of pests/ vermin.  Offensive odors – smell of urine, rotting food  Household cleaning agents are kept in secure locations and away from food and medications.  Based on the discretion of the provider or landlord, pets may be allowed if: vaccinations are current; proper care is provided; no signs of potential risks are assessed.
2.7	Supervised Living settings must afford residents basic comfort.	Setting must have:  <ul style="list-style-type: none"> <li>• Working sink with hot (between 100 – 130 degrees F) and cold running water.</li> <li>• Operable heat</li> <li>• Operable electricity</li> <li>• Working tub/shower with hot (between 100 – 130 degrees F) and cold running water.</li> <li>• At least one bed with mattress and bedding for every resident (unless a married couple choose to share a bed)</li> </ul> A working toilet

2.8	Supervised living settings must afford residents basic safety.	<p>Setting must have:</p> <ul style="list-style-type: none"> <li>• Carbon Monoxide detector if fuel burning appliances are used</li> <li>• Lockable exterior doors and windows</li> <li>• Be free from obvious hazards</li> <li>• Be sanitary</li> </ul>
2.9	Supervised living settings must have sufficient space for privacy.	When occupied by more than one resident the setting must afford each resident sufficient space and opportunity for privacy including bathing/toileting facilities behind a lockable door, lockable doors on bedroom/sleeping quarters and lockable storage.
2.10	Minimum Support Provider to resident ratio in an SLP II is 1:20	
2.11	Sufficient staff must be available 24 hours daily to respond to the needs of the residents and implement their programs.	Available means that staff must be on site or be able to reach the site within 15 minutes.
	<b>Health Services</b>	<b>Guidance</b>
3.0	Medications in CTH homes must be kept under proper conditions.	In a secure and sanitary area with proper temperature, light, humidity and security.
3.1	Medications in an SLP II must be stored in the resident's apartment unless contraindicated.	

3.2	<p>Orders for new medications and/or treatments must be administered by:</p> <ul style="list-style-type: none"> <li>a) Licensed nurse</li> <li>b) Unlicensed staff as allowed by law, or</li> <li>c) The person for whom the medication is prescribed when he/she is assessed as independent</li> </ul>	<p>Unlicensed staff as allowed by law: As a result of a provision contained in the 2002-2003 Budget Bill, H. 4878-Part 1B, 11.10, the General Assembly of the State of South Carolina granted to the Department of Disabilities and Special Needs (SCDDSN) the statutory authority for selected unlicensed persons to administer medications to DDSN consumers in community settings. With regard to injectable medications, this authority only applies to “regularly scheduled insulin and prescribed anaphylactic treatments under established medical protocol and does not include sliding scale insulin or other injectable medications.”</p>
3.3	<p>At all sites orders for new medications and/or treatments must be filled and given within 24 hours unless otherwise specified.</p>	<p>If orders are given as the result of a self-initiated or family initiated physician, PAA or CPN visit, orders must be changed within 24 hours of learning about the visit.</p>
3.4	<p>Medications must be safely and accurately given.</p>	<p>Medication has not expired. There are no contraindications, i.e., no allergy for the drug Administered at the proper time, prescribed dosage, and correct route.</p>
3.5	<p>For persons not independent in taking their own medication/treatments, a log must be maintained to denote:</p> <ul style="list-style-type: none"> <li>a) The name of medication or type of treatment given</li> <li>b) The current physician’s order (and purpose) for the medication and/or treatment.</li> <li>c) The name of the person giving the medication</li> <li>d) Time given</li> <li>e) Dosage given</li> </ul>	<p>The medication log must be reviewed at a minimum, monthly. If the review indicates error, actions must be taken to alleviate future errors. Entries must be made at the time the medication/treatment was given. Medication includes over-the-counter medications.</p>
3.6	<p>People are encouraged to eat a nourishing, well balanced diet which:</p> <ul style="list-style-type: none"> <li>a) Includes personal food preferences</li> <li>b) Allows desirable substitutions</li> </ul>	<p>Diet must be based on accepted, recognized dietary guidelines such as the Food Pyramid and/ physician recommendation, DDSN Diet Manual, etc. People must be involved in meal planning, grocery shopping, and preparation to the extent of their abilities.</p>